



PTO/SB/01 (10-01)
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	Attorney Docket Number First Named Inventor		180009.91206B		
DECLARATION FOR UTILITY OR DESIGN			Stieber		
PATENT APPLICATION	COMPLETE IF KNOWN				
(37 CFR 1.63)	Application Number				
Declaration Submitted OR Submitted after Initial with Initial Filing (37 CFR 1.16 (e)) required)	Filing Date	Dece	ecember 4, 2001		
	Group Art Unit				
	Examiner Name				

As a below named inventor, I hereby declare that:								
My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
AUTOMATIC CASH HANDLING MACHINE WITH WIRELESS NETWORKED I/O DEVICES								
(Title of the Invention)								
the specification of which								
is attached hereto								
is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
Application Number and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s) Foreign Filing Date Friority (MM/DD/YYYY) Not Claimed YES NO	_							
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								

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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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DECLARATION — Utility or Design Patent Application

II Litrect all correspondence to: IM I	Customer Nu or Bar Code	12	6710		OR .	Correspondence address below	
Name							
Address							
Address							
City				State		ZIP	
Country		Telephon	е			Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:			A petition has been filed for this unsigned inventor				
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ياب√uventor's Signature						Date	
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Mailing Address							
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor							
			Family Name Adams or Surname				
Inventor's Signature Date							
Residence: City Oconomowoc			State WI		USA Country	USA Citizenship	
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Mailing Address							
City Oconomowoc	State WI		ZIP 53066		USA Country		
Additional inventors are being named		_suppleme	ntal Addition	nal Inven	itor(s) sheet(s) PT(



Please type a plus sign (+) inside this box PTO/SB/02A (11-00)

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
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Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any]	Given Name (first and middle [if any])			e or S	umame		
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Inventor's Signature					Date		
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Mailing Address							
City Watertown	State WI	ZIP 53098 Coun		ountr	try USA		
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Given Name (first and middle [if any])			Family Name or Sumame				
. William R. Kirkman							
Inventor's \$\frac{1}{2}\ \text{Signature} \text{Date}							
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Mailing Address		71					
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Name of Additional Joint Inventor, if any:							
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature			-		Date		
Residence: City	State		Country		Citizenship		
Mailing Address							
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City	State		ZIP		Country		

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